FORM 1 (EPA FORM 3510-1)

CTG COLLEYS99
P. 1A
P. 1A
P. 1A
P. 18
P. 1

ITEM NUMBER

II.	Pol	lutant Characteristics	,			
*III.		ne of Facility RDMS DocID 00100898				
IV.		cility Contact				
v	Facility Mailing Address					
	Α.	Street or P.O., Box	,			
	В.	City or Town				
	c.	State	,			
	D.	Zip Code	********			
VI.	Facility Location					
	*A.	Street, Route Number	1			
	В.	County Name				
	*c.	City or Town	''			
	*D.	State				
	Ε.	Zip Code				
	F.	County Code (if known)	'' ! <u>-</u> -!			
vii.	sic	Codes (other than Process and Hazardous Waste)	'' 			
viii.	Operator Information					
	*A.	Name	11			
	*B.	Is the name listed in VIII-A also the owner	''			
•	С.	Status of operator	' <u>'</u> '			
	D.	Phone	' <u></u> '			
	*E.	Street or P.O. Box	' <u>-</u> '			
	*F.	City or Town				
	*G.	State	''			
	н.	Zip Code	<u>'</u> '			

IX.	Indi	Indian Land						
х.	Exis	Existing Environmental Permits						
XI.	Мар	Мар						
XII.	Nati	Nature of Business						
XIII.	Certification							
	Α.	*1.	Name and		1_1			
		2.	Official Title					
	*B.	Sign	Signature		1_1			
,	*C.	Date	Signed	£,				
Comme	nts:							
Form 1 is missing								
Items	prec	eded b	y * must be submitted by					